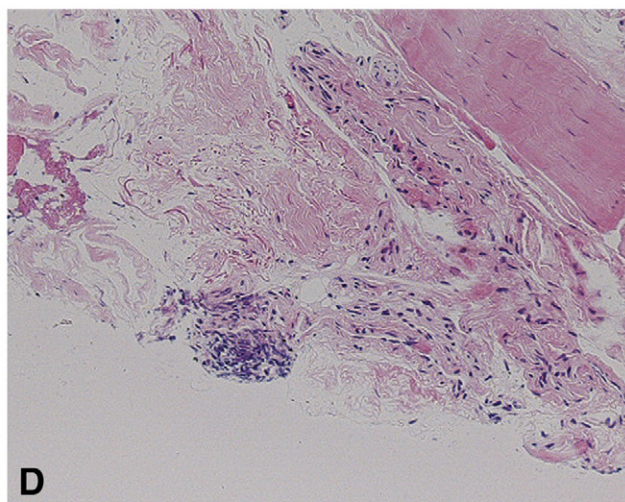
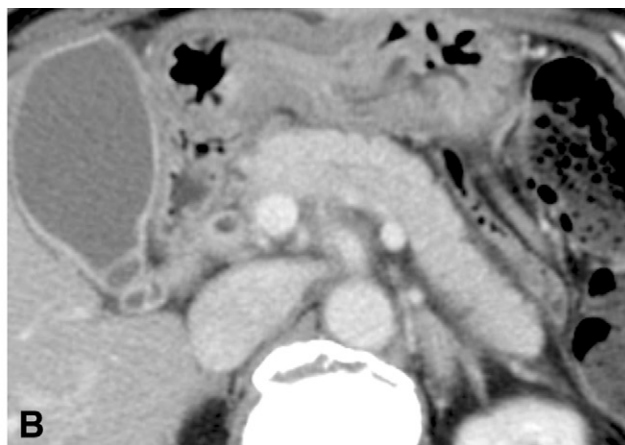
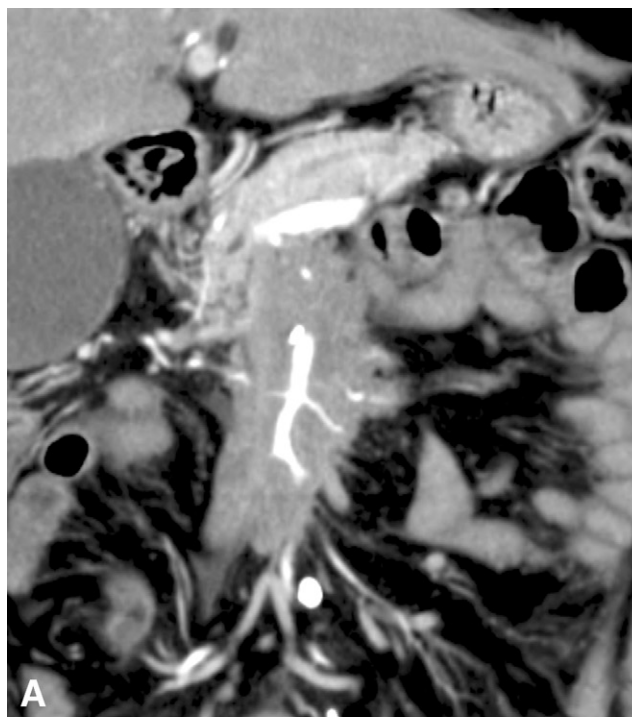


Finally, (3) *cogitare extra buxom*. Don't be afraid to spend that extra few minutes extracting a detailed history... and think outside the box.

David Robbins, MD, MSc
Assistant Editor for Focal Points

A mass surrounding the superior mesenteric artery and vein: a rare extrapancreatic lesion associated with autoimmune pancreatitis



A 78-year-old man was referred to our hospital for evaluation of a pancreatic head mass and common bile duct dilation. With prolonged contrast medium enhance-

ment, CT scanning revealed a mass that surrounded the superior mesenteric artery and vein and that resembled a hot dog (A). A swollen pancreas with capsule-like rim and

a dilated common bile duct with thickened wall (**B**) were also seen. EUS detected continuity of the low echoic mass with the pancreatic uncinata process (**C**). Peripheral blood had an increased level of gamma G immunoglobulin (IgG4) (256 mg/dL). Percutaneous needle biopsy of the mass revealed inflammatory cell infiltration, including a small number of IgG4-positive plasmacytes and fibrosis (**D**). The CT-identified mass spontaneously regressed over 1 month. We diagnosed autoimmune pancreatitis (AIP) with a mass that represented an extrapancreatic lesion of AIP, and we call this condition “hot dog sign.”

Commentary

Immunoglobulin G4-related systemic disease is an autoimmune disease that affects multiple organs, including the pancreas, bile duct, salivary glands, and retroperitoneum. Recently, it has been reported to manifest as periarteritis, often as an inflammatory abdominal aortic aneurysm, but also to involve other vessels such as the coronary artery (in a patient with angina) or, as in this case, the superior mesenteric artery and vein. This case emphasizes the importance of considering the diagnosis of IgG4-related systemic disease in any patient with abnormally increased vascular wall thickness; ectatic, or aneurysmal arteries; or perivascular masses. You'll be wrong most times, but on that one occasion. . . I am reminded of a quotation from Arthur C. Clarke that I have modified for this situation: “When a distinguished clinician states that something is possible, s/he is almost certainly right. When s/he states that something is impossible, s/he is very probably wrong.” When differential diagnosis is concerned, I advise my students and colleagues to dream on and let their imaginations run wild. As for the term “hot dog sign,” its use is just another example of how small the world has become. Whether the hot dog originated in Germany (frankfurter), Vienna (wiener), or the United States (hot dog) we will never know, but we can all close our eyes and picture this gustatory treat. Enjoy!

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Jejunal lymphangioma: rare case of GI bleeding

A 20-year-old Thai man presented with melena of 1 week's duration, unaccompanied by abdominal pain or other alarming symptoms. On admission, hemoglobin and hematocrit were 6.2 g/dL and 20.6%, respectively. EGD and colonoscopy had normal results. Double-balloon enteroscopy was subsequently performed by the oral route to a distance of about 360 cm from the incisors. A 15-cm segment of distal jejunum was seen to have a nearly circumferential abnormality, including edematous mucosa, thickened folds, submucosal hemorrhage, and segmental lymph angiectasia with oozing of blood (**A**).

Contrast-medium-enhanced CT scan of the abdomen was then performed to evaluate the extent of disease and showed a 7.2 × 11.0 × 9.6 cm multiloculated and cystic, lobulated mass along the wall of the distal jejunum without definite contrast-medium enhancement (**B**). One month later, the patient underwent exploratory laparotomy and complete removal of the mass (**C**). Histologic examination showed anastomosing cystic spaces containing eosinophilic fluid admixed with clumps of lymphocytes. Congested vessels and scat-

tered foci of hemorrhage were also evident (**D**). There has been no recurrence of bleeding.

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